

First Steps Early Intervention System Overview

The First Steps Early Intervention System is Indiana's response to Part C of the Individuals with Disabilities Education Act. Established in 1986, this federal legislation created an opportunity for states to establish a community-based, family-centered, comprehensive system of early intervention services for eligible children and their families. Part C was a new model of federal entitlement program as each state established its own eligibility criteria, lead agency and structure. Federal funds attached to Part C were to be used to establish an infrastructure to coordinate services and funding across a variety of state and federal programs.

Lead Agency: The Division of Family and Children, Family and Social Services Administration has been the lead agency since 1992. The original lead agency was the Department of Mental Health. First Steps is administered through the Bureau of Child Development. The Governor's Interagency Coordinating Council is established in federal and state statute to advise and assist the lead agency in the implementation of the early intervention system.

Eligibility: Consistent with a policy of prevention and early intervention, Indiana has established broad eligibility standards for First Steps. Children from birth through two years of age are eligible if they have

- A 20% delay in one developmental domain;
- A 15% delay in two or more developmental domains;
- A medical condition that has high probability of resulting in a developmental delay; or
- A biological risk factor that may result in a developmental delay.

In state fiscal year 2000, 14,141 children were serviced in the First Steps program. This number represents 7.18% of the birth to three populations, which there is a 12% increase in the children service from the prior year.

Services Provided: Services that are required to be available to enrolled children are: Speech Therapy, Occupational Therapy, Physical Therapy, Developmental Therapy, Social Work, Psychological Services, Nutrition, Health, Nursing, Medical Diagnostic, Audiology, Vision Services, Assistive Technology, Service Coordination, Transportation, and Family Training and Counseling.

State Staff: State staff to support Indiana's early intervention program are employed by Indiana's Family and Social Service Administration (FSSA), Division of Family and Children, Bureau of Child Development. There are 7 positions dedicated to the First Steps program. In addition to the Part C coordinator and 6 consultants, which make up the First Steps state staff, there are other individuals that are allocated as resources to the program. FSSA supports a data finance specialist, an administrative assistant, and a statistician whose primary responsibilities enter on First Steps. The Division's Deputy Director, legal counsel and other state staff also support the program.

Provider/Personnel Capacity: First Steps has 3,329 individual First Steps providers. All practitioners must meet personnel standards and credentialing requirements. First Steps has a provider agreement with each practitioner as well as their organization. The provider agreement enrolls the practitioner as a Hoosier Healthwise, CSHCS, and First Steps providers. First Steps has established a single EI rate regardless of the funding source that recognizes the credentialing and natural environments requirements that exceed the requirements of other funding sources. The expansion of the provider network is in large part due to the changes in the finance structure.

Personnel Development: First Steps has established a Unified Training System in collaboration with the Department of Education (DOE), Division of Special Education. The Unified Training System supports the statewide coordination of training activities related to young children, and provides a greater access to learning opportunities for family and service providers.

Local Infrastructure: Each county has a local planning and coordinating council (LPCC), established in state regulation that is viewed as the authentic voice for early intervention. Each LPCC is responsible for public awareness/child find, quality assurance, provider recruitment, due process and procedural safeguards, and transition issues. The LPCC receives an annual allocation to carry out its responsibilities. The LPCC also has the responsibility to designate and provide oversight for a System Point of Entry (SPOE). The System Point of Entry (SPOE) serves as the single point of contact where all referrals are known, eligibility is determined and an individualized family service plan (IFSP) is established for all eligible children and their families. The SPOE carries out the responsibilities of the state lead agency at the local level.

Design of the system: Historically, First Steps placed early intervention funding into contracts with 52 Developmental Disability (DD) agencies throughout the state. Each agency has assigned catchment areas and served as the local lead agency with responsibilities for all functions of Part C, including service provision.

Through the contract system, all agencies were not accessing all of the funding sources available to support the early intervention program. In addition, because there was no statewide collaboration between funding streams, there were barriers to accessing sources of funding other than Part C funds. These barriers contributed to agencies accessing Part C funds directly rather than Medicaid, Title V, etc.

In order to streamline the funding and reimbursement system, Indiana moved toward a central reimbursement system. The Central Reimbursement Office (CRO) is responsible for the payment of funds and to recoup funds from collaborative agencies, to support the early intervention program. The CRO works in tandem with the SPOE for the payment of services as authorized through the IFSP process.

Finance System: With the establishment of the Central Reimbursement Office (CRO), First Steps is able to detail authorizations that are child and provider specific. All reimbursements are made on a "pay and chase" method through the CRO, which is an external contractor. Providers submit a claim and are paid by the CRO that then seeks reimbursement, based on a funding hierarchy that is individualized to each eligible child.

In addition to claims payment, the electronic system can create a series of demographic and expenditure reports. Reports are used both internally by the lead agency and on a statewide basis for analysis of the system and trends in service.

Funding: First Steps is funded through state and federal fiscal allocations from a variety of programs. The sources of primary funding are: TANF Federal and State Maintenance of Effort (MOE, Social Services Block Grant Early Intervention, Federal IDEA Part C, State Early Intervention, Title XIX-Social Security Act (Medicaid and WPSDT), Title V-Social Security Act (Maternal/Child Health), Indiana Children's Special Health Care Services